Complete Summary

GUIDELINE TITLE

Tonsillitis and pharyngitis in children.

BIBLIOGRAPHIC SOURCE(S)

Finnish Medical Society Duodecim. Tonsillitis and pharyngitis in children. In: EBM Guidelines. Evidence-Based Medicine [CD-ROM]. Helsinki, Finland: Duodecim Medical Publications Ltd.; 2005 Oct 30 [Various]. [1 reference]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Finnish Medical Society Duodecim. Tonsillitis and pharyngitis in children. In: EBM Guidelines. Evidence-Based Medicine [CD-ROM]. Helsinki, Finland: Duodecim Medical Publications Ltd.; 2004 Apr 21 [Various].

** REGULATORY ALERT **

FDA WARNING/REGULATORY ALERT

Note from the National Guideline Clearinghouse: This guideline references a drug(s) for which important revised regulatory information has been released.

On April 7, 2005, the U.S. Food and Drug Administration (FDA) asked manufacturers of non-prescription (over the counter [OTC]) non-steroidal anti-inflammatory drugs (NSAIDs) to revise their labeling to include more specific information about potential gastrointestinal (GI) and cardiovascular (CV) risks, and information to assist consumers in the safe use of the drugs. See the FDA Web site for more information.

Subsequently, on June 15, 2005, the FDA requested that sponsors of all NSAIDs make labeling changes to their products. FDA recommended proposed labeling for both the prescription and OTC NSAIDs and a medication guide for the entire class of prescription products. See the FDA Web site for more information.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Tonsillitis and pharyngitis

GUIDELINE CATEGORY

Diagnosis
Treatment

CLINICAL SPECIALTY

Family Practice
Otolaryngology
Pediatrics

INTENDED USERS

Health Care Providers
Physicians

GUIDELINE OBJECTIVE(S)

Evidence-Based Medicine Guidelines collect, summarize, and update the core clinical knowledge essential in general practice. The guidelines also describe the scientific evidence underlying the given recommendations.

TARGET POPULATION

Children with suspected or known tonsillitis and pharyngitis

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis

1. Culture or rapid antigen test

Note: Guideline developers considered but did not recommend assessment of clinical features as a reliable diagnostic measure.

Treatment

1. Paracetamol, naproxen, or ibuprofen for fever and pain
2. Penicillin or cephalexin
3. Isolation of infected child from daycare or school for one day after onset of antibiotic treatment

MAJOR OUTCOMES CONSIDERED

- Cure rates
- Adverse effects of treatment

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The evidence reviewed was collected from the Cochrane database of systematic reviews and the Database of Abstracts of Reviews of Effectiveness (DARE). In addition, the Cochrane Library and medical journals were searched specifically for original publications.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

A. Strong research-based evidence. Multiple relevant, high-quality scientific studies with homogenic results.
B. Moderate research-based evidence. At least one relevant, high-quality study or multiple adequate studies.
C. Limited research-based evidence. At least one adequate scientific study.
D. No research-based evidence. Expert panel evaluation of other information.

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The levels of evidence [A-D] supporting the recommendations are defined at the end of the "Major Recommendations" field.

<u>Basic Rules</u>

- Antibiotics are indicated in infections caused by group A streptococci diagnosed by culture or rapid antigen test. Symptomatic treatment is indicated in other cases.
- Identify mononucleosis.
- Identify and treat a streptococcal epidemic.

<u>Aetiology</u>

- Adenoviruses are the most common aetiological agents.
- Streptococcal pharyngitis is rare in children below 3 years of age.

<u>Symptoms and Signs</u>

- Fever and sore throat are the main symptoms associated with streptococcal infection, but clinical diagnosis is unreliable.
    - Adenoviruses and other viruses can cause exudative tonsillitis.

    - In two thirds of school-aged children with streptococcal tonsillitis there is no exudate.
- If a patient with recent onset fever and sore throat also has cough and rhinitis, a viral respiratory infection is far more probable than streptococcal infection.
- Sore throat with rash is often caused by adenoviruses or other viruses.
- Ear pain may radiate to the tonsillar region (and vice versa).
- Streptococcal pharyngitis may cause abdominal pain.

Diagnostics

- Diagnosis should be based on the detection of streptococci in pharyngeal secretions by culture or rapid antigen test (see picture 1 in the original guideline document). Bacteria other than streptococci need not be sought.
- A rapid culture method (Streptocult®) will give a result the next morning (see Finnish Medical Society Duodecim guideline "Throat Bacterial Swab."). If a rapid antigen test is used a negative result should be verified by culture. (In children below 3 years of age streptococcal tonsillitis is so rare that a negative antigen test need not be controlled by culture.)

Treatment

- Fever and pain are best treated with paracetamol. Naproxen and ibuprofen are alternatives. Infections caused by group A streptococci should be treated with penicillin V, 70 mg/kg/day (100,000 units/kg/day), or (in patients with penicillin allergy) cephalexin, 50 mg/kg/day, in two doses for 10 days (Deeter et al., 1992) [A]. Because of infectiousness the child should be isolated from day care or school for one day after the onset of antibiotic treatment. The length of absence from day care or school is determined by the general condition and not by the aetiological agent.

Definitions:

Levels of Evidence

A. Strong research-based evidence. Multiple relevant, high-quality scientific studies with homogenic results.
B. Moderate research-based evidence. At least one relevant, high-quality study or multiple adequate studies.
C. Limited research-based evidence. At least one adequate scientific study.
D. No research-based evidence. Expert panel evaluation of other information.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Concise summaries of scientific evidence attached to the individual guidelines are the unique feature of the Evidence-Based Medicine Guidelines. The evidence summaries allow the clinician to judge how well-founded the treatment recommendations are. The type of supporting evidence is identified and graded for select recommendations (see the "Major Recommendations" field).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate diagnosis and treatment of tonsillitis and pharyngitis

POTENTIAL HARMS

Adverse effects of medication

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Finnish Medical Society Duodecim. Tonsillitis and pharyngitis in children. In: EBM Guidelines. Evidence-Based Medicine [CD-ROM]. Helsinki, Finland: Duodecim Medical Publications Ltd.; 2005 Oct 30 [Various]. [1 reference]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2004 Apr 21 (revised 2005 Oct 30)

GUIDELINE DEVELOPER(S)

Finnish Medical Society Duodecim - Professional Association

SOURCE(S) OF FUNDING

Finnish Medical Society Duodecim

GUIDELINE COMMITTEE

Editorial Team of EBM Guidelines

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Primary Author: Marjukka Mäkelä

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Finnish Medical Society Duodecim. Tonsillitis and pharyngitis in children. In: EBM Guidelines. Evidence-Based Medicine [CD-ROM]. Helsinki, Finland: Duodecim Medical Publications Ltd.; 2004 Apr 21 [Various].

GUIDELINE AVAILABILITY

This guideline is included in a CD-ROM titled "EBM Guidelines. Evidence-Based Medicine" available from Duodecim Medical Publications, Ltd, PO Box 713, 00101 Helsinki, Finland; e-mail: info@ebm-guidelines.com; Web site: www.ebm-guidelines.com.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on August 31, 2005. This summary was updated by ECRI on March 17, 2006.

COPYRIGHT STATEMENT

This NGC summary is based on the original guideline, which is subject to the guideline developer's copyright restrictions.

DISCLAIMER

NGC DISCLAIMER

The National Guideline Clearinghouse™ (NGC) does not develop, produce, approve, or endorse the guidelines represented on this site.

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at http://www.guideline.gov/about/inclusion.aspx.

NGC, AHRQ, and its contractor ECRI make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

Date Modified: 10/9/2006